MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002518
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 3

FILED JAN 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	DATE AMENDED
1	0648
2	0860
3	
4	1
5	1
6	
7	0
8	-
9	4221
10	
11	
12	6-0
13	1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: HANNIBAL
Length of stay in 1b: 3 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: HOME SHADY LAWN NURSING
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: PUTNAM
c. CITY OR TOWN: LIVONIA
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LULA Middle MAE Last MITCHELL

4. DATE OF DEATH: Month JAN Day 5 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: JAN 25 1892

9. AGE (last birthday): 70
IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): LIVONIA, MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: STEVE HICKS

13b. MOTHER'S MAIDEN NAME: ANN FOSTER

14. NAME OF HUSBAND OR WIFE: SIGEL MITCHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: MYRTLE MULLINS Address: HANNIBAL, MO

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr. Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Vascular Disease — 1 year
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral Vascular Hemorrhage & Hemiplegia left

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-30-62 to 1-4-63 and last saw her him alive on 1-4-63
Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert J. Lammy MD

22b. ADDRESS: 115 N. 5th St. Hannibal, Missouri

22c. DATE SIGNED: 1-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN 7, 1962

23c. NAME OF CEMETERY OR CREMATORY: CONCORD CEM.

23d. LOCATION (City, town, or county) (State): LIVONIA, MO

24. FUNERAL DIRECTOR ADDRESS: CLARK FUNERAL HOME - HANNIBAL MO

25. DATE RECD. BY LOCAL REG.: Jan. 7, 1963

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Norman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roger Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 11/7/63